

TIERED PERMITTING PHASE I ENVIRONMENTAL ASSESSMENT CHECKLIST**SECTION I: FACILITY INFORMATION**

Instructions: Complete the following descriptive information about your facility. This information accurately describes the location of your facility and establishes mailing and phone contacts. If facility location and mailing address are identical, you may put "same" into facility mailing address spaces.

Type of Permit: Permit by Rule _____ Conditional Authorization _____

1. CURRENT FACILITY NAME:

PAST NAMES (Attach additional pages if necessary):

2. EPA I.D. NUMBER:

3. NAME OF FACILITY OWNER (see definition of owner):

4. NAME OF FACILITY OPERATOR:

5. NAME OF PROPERTY OWNER:

6. FACILITY LOCATION ADDRESS:

STREET:

CITY:

COUNTY:

STATE:

ZIP CODE:

7. FACILITY MAILING ADDRESS (if different from FACILITY LOCATION ADDRESS):

STREET:

CITY:

STATE:

ZIP CODE:

8. FACILITY TELEPHONE NUMBER:

9. FACILITY FAX NUMBER:

10. NAME OF FACILITY CONTACT PERSON:

11. TITLE OF FACILITY CONTACT PERSON:

12. PHONE NUMBER OF FACILITY CONTACT PERSON:

13. ADDRESS OF FACILITY CONTACT PERSON:

STREET:

CITY:

STATE:

ZIP CODE: